



REQUEST TO WITHDRAW FROM STUDIES

If you have not read the notes on Withdrawing please do so **before** submitting this form

Name	<input type="text"/>	Student number	<input type="text"/>
Email	<input type="text"/>	Contact number	<input type="text"/>
Course	<input type="text"/>	Visa Expiry Date (if Applicable)	<input type="text"/>

Would you like to	<input type="text"/>
Temporarily withdraw from studies (yes/no)	<input type="text"/>
Expected return date	<input type="text"/>
<p>Please Note: You normally may not intercalate more than halfway through the semester / term</p>	
<p>Please enter in the month and year you expect to return. For example — Jan 2010, Mar 2010, Sep 2010 etc. ----- I cannot accept the form unless the expected return date has been entered; it <u>can</u> be changed at a later date.</p>	
Permanently withdraw from studies (yes/no)	<input type="text"/>
Date of withdrawal	<input type="text"/>

What reasons led you to withdraw from the course?		Please tick as many boxes as are relevant	
The course was very different from what I expected	<input type="checkbox"/>	Dissatisfaction with my academic studies generally	<input type="checkbox"/>
Dissatisfaction with a specific element of my academic studies e.g.: timetabling problems, if so, please state below *	<input type="checkbox"/>	Relationship with tutor or research group	<input type="checkbox"/>
		Placement failure	<input type="checkbox"/>
Transfer to another institution – as unhappy with course	<input type="checkbox"/>	Transfer to another institution – distance /travel problems	<input type="checkbox"/>
Academic failure	<input type="checkbox"/>	Exclusion (by the University)	<input type="checkbox"/>
Financial problems	<input type="checkbox"/>	To avoid getting into financial problems	<input type="checkbox"/>
Accommodation problems	<input type="checkbox"/>	Distance / Travel problems	<input type="checkbox"/>
Social problems with other students	<input type="checkbox"/>	Personal isolation	<input type="checkbox"/>
Family reasons	<input type="checkbox"/>	Medical reasons	<input type="checkbox"/>
Confidential personal reasons	<input type="checkbox"/>	Found employment	<input type="checkbox"/>
Other – please state	<input type="text"/>		

* Was there one main reason? If so, what was it?
<input type="text"/>
PTO

What were the main contributing factors? – Additional information

Time taken whilst Intercalating / suspending studies will count as part of your overall Registration period

Your record cannot be updated until we have received this form

Declaration

I confirm the details given are correct and all relevant sections have been completed.

If you have a University of Worcester student ID card please return it with this form

Signed _____

Date _____

Registry Staff Only

Staff	Chris Brown	Date/s Issued		Date Received	
Withdrawal Status	I/IPD	W / WPD	'LE' AWD	Reason Code	Fee Code
Updated	S.I.T.S	'O' Drive	Exit Award		
	S.A.O.	Other	Change of Circumstances Completed	Form	Online
Notes					

If you choose to temporarily withdraw from your studies please remember that you will need to re-register via your SOLE page prior to re-starting your course of study — failure to Register may result in your permanent withdrawal from the course without refund.

If you need assistance completing this form please contact studentrecords@worc.ac.uk or phone 01905 - 855516